

NOV 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38330

1. PLACE OF DEATH

County New MadridTownship Le SieurCity Portageville

(No.)

Registration District No. 604Primary Registration District No. 5805

File No.

Registered No.

St.

Ward)

2. FULL NAME Joseph Jerry Foster

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10-3-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Portageville, Mo.

13. NAME

Joseph Roy Foster
Dyer Co. Tenn.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

Hester May Quick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Caruthersville, Mo.

17. INFORMANT (ADDRESS)

Edus Quick
Portageville, Mo.

18. BURIAL, CREMATION, OR REINTERMENT

PLACE

DATE

Portageville, Mo.
6, 29, 1937

19. UNDERTAKER (ADDRESS)

R. M. C. Payne
Portageville, Mo.

20. FILED

10/13, 1937
W. H. H. H. H.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 25, 1937, to June 28, 1937Last saw him alive on June 26, 1937 Death is saidto have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery
Calculus

Date of onset

6-15-37

Other contributory causes of importance:

Secondary Anemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease of injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Raymond C. Payal
Portageville, Mo.

M. D.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

